

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092332

Entity Name: MADS' -N- CHAD'S, INC.

FILED
Feb 23, 2007
Secretary of State

Current Principal Place of Business:

13750 W. COLONIAL DR.
SUITE 130
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 784597
WINTER GARDEN, FL 34778 US

New Mailing Address:

FEI Number: 51-0422838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MESKO, DAVID
Address: 1301 CASTLEPORT RD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: CEO () Delete
Name: MESKO, DAVID
Address: 1301 CASTLEPORT RD
City-St-Zip: WINTER GARDEN, FL 34787

Title: VTD () Delete
Name: MESKO, DAVID
Address: 1301 CASTLEPORT RD.
City-St-Zip: WINTER GARDEN, FL 34787

Title: CFO () Delete
Name: MESKO, DAVID
Address: 1301 CASTLEPORT RD.
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MESKO

PSD

02/23/2007

Electronic Signature of Signing Officer or Director

_____ Date